

Name
In
Full

Martha Barnes

CERTIFICATE OF DEATH

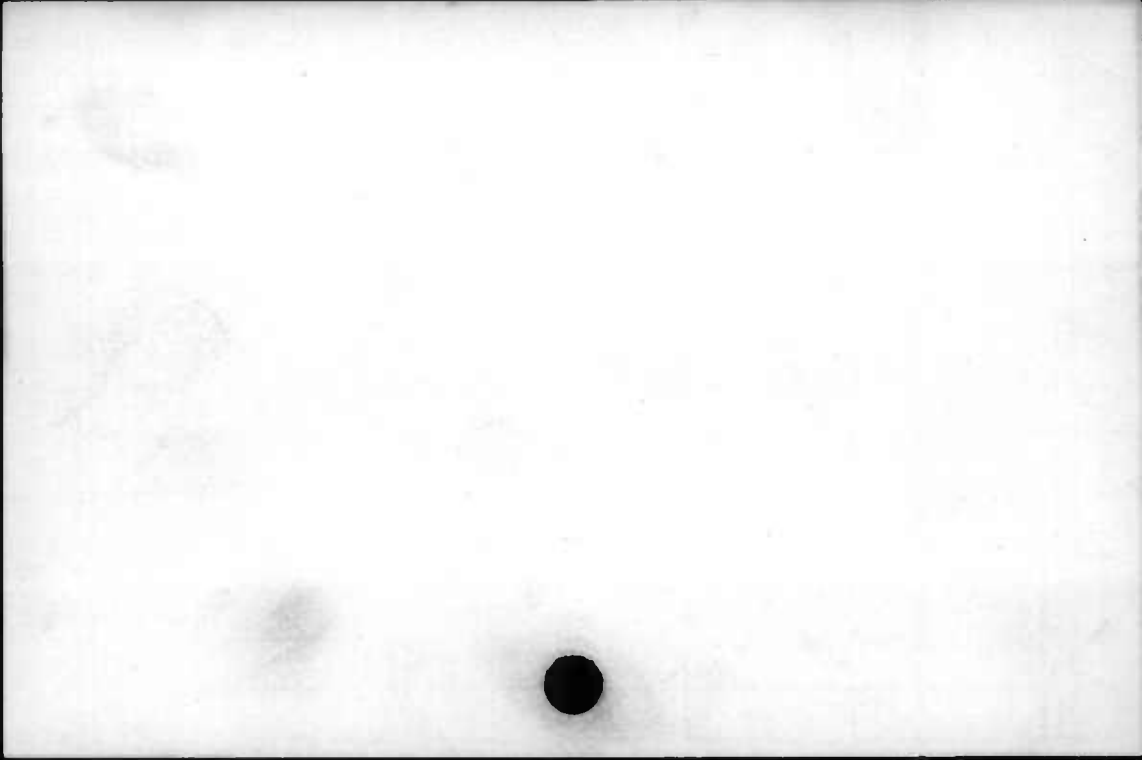
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Date of death		Month <i>Sept.</i>	Day <i>19</i>	Age	Years <i>35</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>(Col)</i>		Birth-place <i>Maryland</i>			
Occupation <i>House work</i>		Where Residing if not at place of death <i>— — —</i>					
Married, Single or Widowed <i>Widow.</i>		Name of Wife or Husband <i>Jacob Barnes</i>					
Father's Name <i>not known</i>		Father's Birthplace <i>— — —</i>					
Mother's Maiden Name <i>Mary Butler.</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>James H. Mathews.</i>		How related to deceased <i>Uncle</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>One year</i>
Immediate	<i>Exhaustion</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>J. J. Byrnes</i>	
		Address <i>Ellicott City Md.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Mary Jane. Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mount View</i>		County <i>Howard</i>		MARYLAND	
Date of death	1906	Month	Sept	Day	22
Age		Years		Months	Days
83					
Sex	<i>Female</i>		Color or Race	<i>white</i>	
Birth-place	<i>Maryland</i>				
Occupation	<i>House work</i>		Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
<i>Widowed</i>			<i>James W Barnes</i>		
Father's Name	<i>Fielder Thompson</i>			Father's Birthplace	<i>England</i>
Mother's Maiden Name	<i>Elizabeth Leek</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Mrs James Shipley</i>			How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Left Hemiplegia</i>	How long	<i>7 days</i>
Immediate	<i>Ext. Traumatism</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Chas W H H</i>	
Address		<i>West Friendship Md.</i>	
Accident or Suicide?		<i>Howard County Md.</i>	

0170110116

Name
in
Full

Charles Augustus Bosien

CERTIFICATE OF DEATH

Town

County

Died at near Harwood

Howard

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1906

Sept

27

Age

67

Sex

male

Color of
Race

white

Birth-
place

Espring

Occupation

Farmer

Where Residing if not
at place of deathresided at place
of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Bertha Bosien

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

Chas Bosien

How related
to deceased

son

CAUSES OF DEATH

Primary

Endo Enteritis

How long

4 years

Immediate

Heart disease

How long

some

Are the name, age, sex, color, date
and place correctly given above?

yes

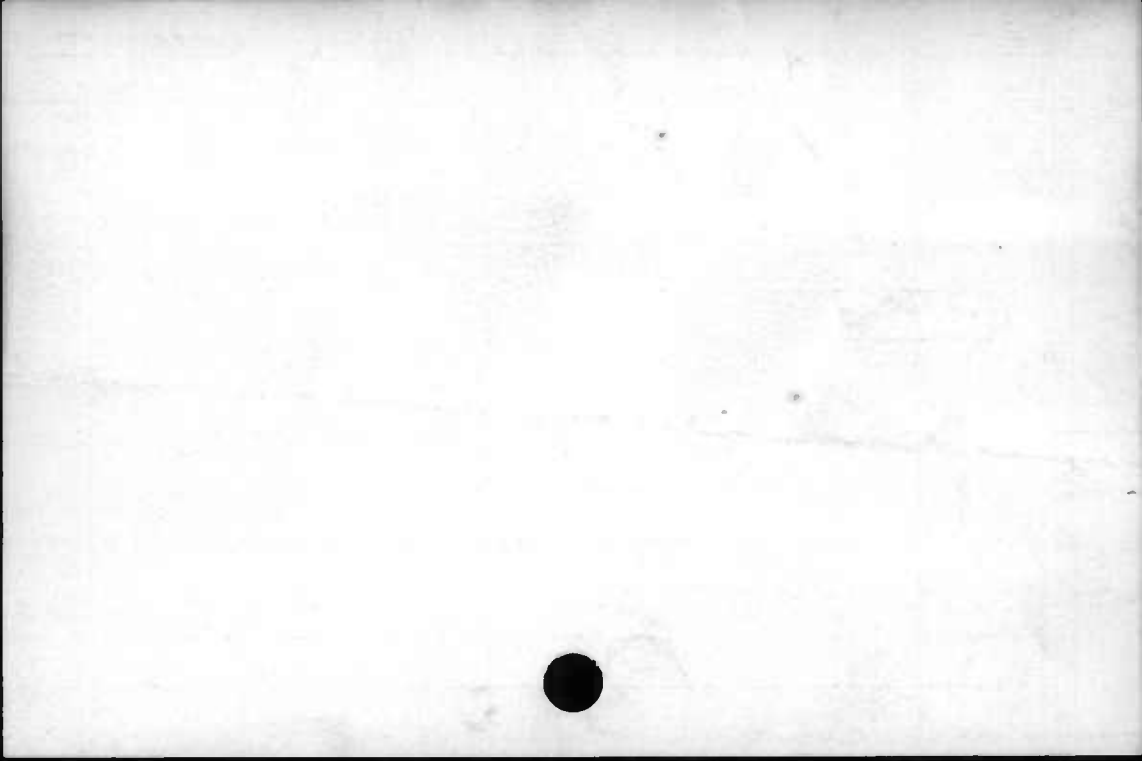
Signature of
Physician

Address

Arthur Williams
Elk Ridge, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

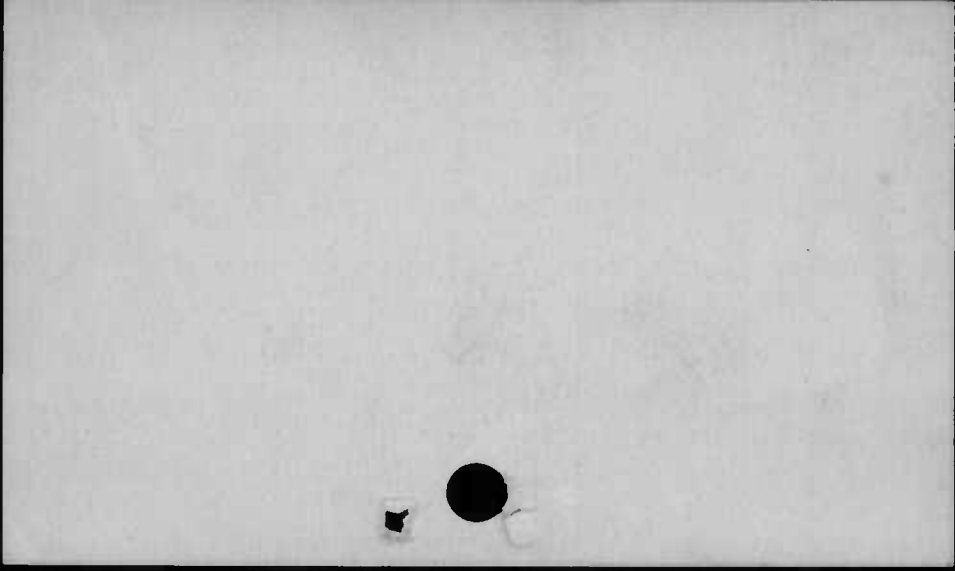
Virginia B. Brine
 Died at ^{own} Ellicott City ^{County} Howard MARYLAND
 Date 1906 Sept 28 Age 2 Y. M. D. Native of Maryland Occupation
~~Male~~ White Married Widowed
 Female Colored Single Widower Number of children living

Husband of _____
 Wife _____
 Father's Name Walter J. Brine Mother's Maiden Name Annie Beraggs.
 Cause of Death { Primary Spinal Meningitis How long sick 2 wks.
 Immediate Exhaustion Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1906		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

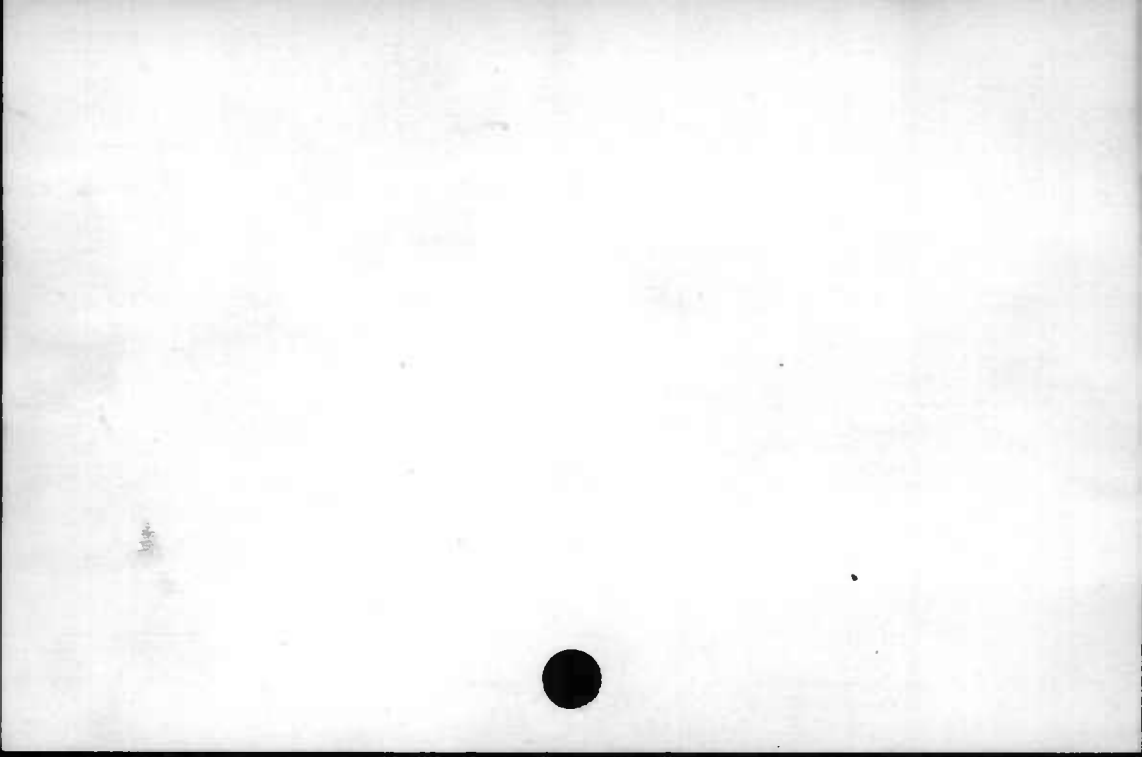
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicide?	Address



Name in Full		Christian Brassar 9/13/1906				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Savage		County Howard		MARYLAND
	Date of death	1906	Month Sept	Day 28th	Age 76	Years	Months "
	Sex	male		Color or Race	white		Birth-place Germany
	Occupation	Taylor		Where Residing if not at place of death		near Savage	
	Married, Single or Widowed	yes		Name of Wife or Husband		"	
	Father's Name	Don't Know				Father's Birthplace	
	Mother's Maiden Name	Don't Know				Mother's Birthplace	
	Name of person giving information	Anna Small				How related to deceased Daughter	
PHYSICIAN OR CORONER	CAUSES OF DEATH						(120)
	Primary	Parenchymatous hepatitis				How long	6 mos
	Immediate	Intestinal Cat. Refl				How long	
	Are the name, age, sex, color, date and place correctly given above?						Signature of Physician J. J. Pryor
							Address Laurel Md
Accident or Suicide?							



Adam J Denmead

Town

County

Lelocksville

Howard

MARYLAND

Died at

Date 1906.

Month

Day

Y.

M.

D.

Native of

Occupation

Sept. 21

Age 41

Maryland Farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

none

Husband of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Eliza Denmead

Henry Denmead

Maiden Name

Mother's

Mary Lyddan

How long sick

4 or 5 years

Accident, Suicide, Homicide

Reported by

Address

W. M. S. Cissel

Highland P. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Oliver Dorsey

CERTIFICATE OF DEATH

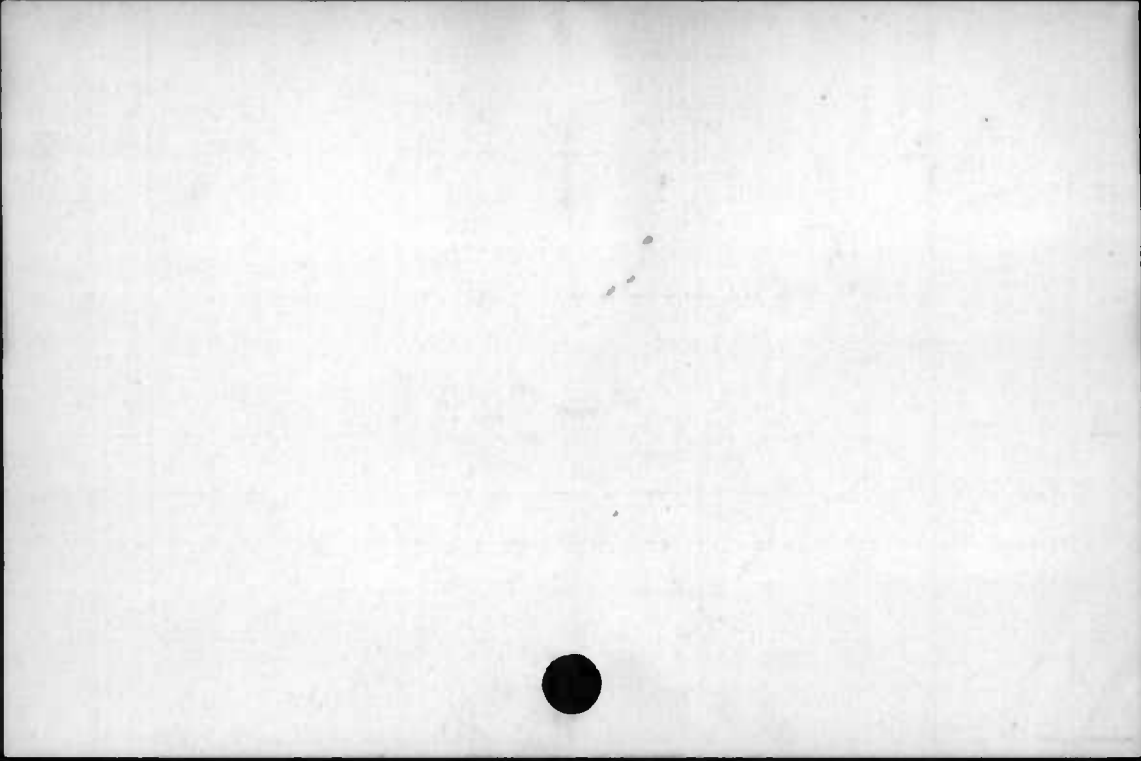
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Lisbon</i>		Town <i>Howan</i>		County		MARYLAND	
Date of death <i>1906 Seph</i>		Month	Day <i>9th</i>	Age	Years <i>—</i>	Months <i>2</i>	Days <i>15-</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Howan Co. Md</i>			
Occupation <i>Baby</i>		Where Residing if not at place of death <i>at Home</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Harry Dorsey</i>		Father's Birthplace <i>How Co Md</i>					
Mother's Maiden Name <i>Esther Portman</i>		Mother's Birthplace <i>How Co Md</i>					
Name of person giving information <i>Harry Dorsey</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Convulsions</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. O. D. Manfield</i>
	Address <i>Lisbon. Md</i>
	<i>How Co</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Henry Eyre
Town

County

Howard

Date

of death 1906 Sept-

Day

2

Age

Years

80

Months

7

Days

Sex

Male

Color or
Race

White

Birth-
place

Penna.

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Eliza Holland

Father's
Name

Lewis Eyre

Father's
Birthplace

Mother's
Maiden Name

Mary Eyre

Mother's
Birthplace

Name of person giving
In formation

Jessie Eyre

How related
to deceased

Son

CAUSES OF DEATH

Primary

Senile Gangrene

How long

5 months

Immediate

Septic Condition

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

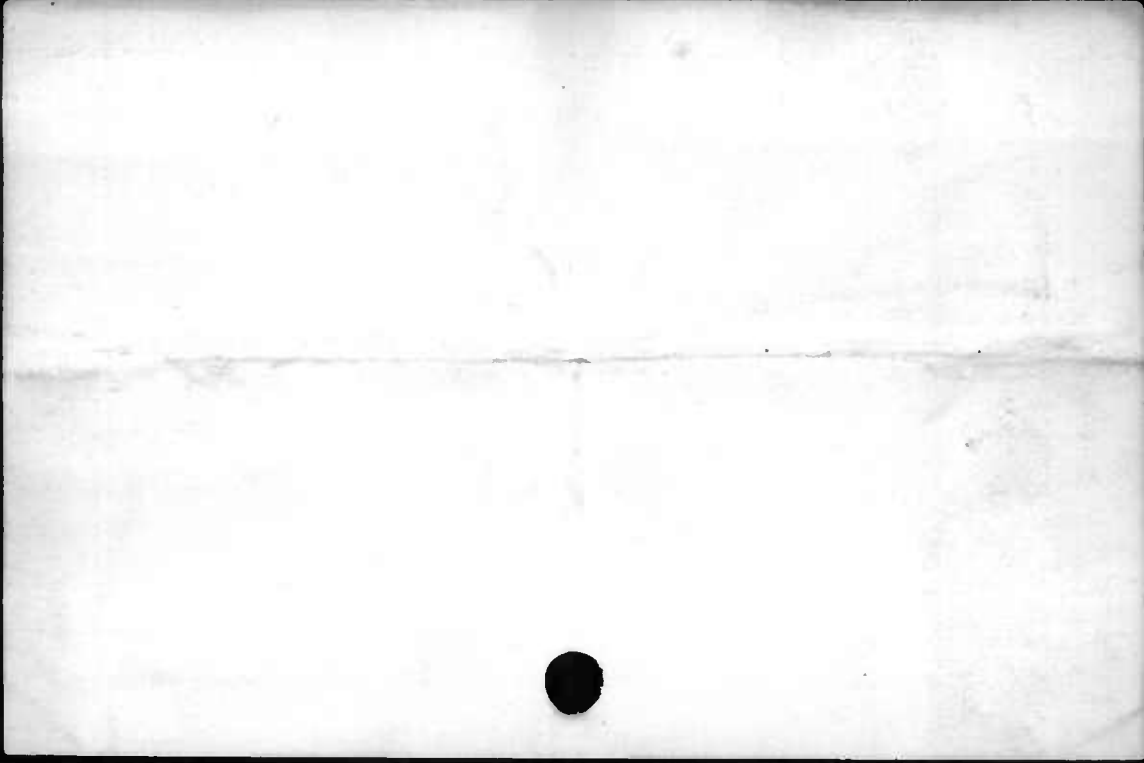
Signature of
Physician

Address

Isabel Hill Jr.
West Friendship
Howard County Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Richard C. Givens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Jessup</i>		County <i>Howard</i>		MARYLAND	
Date of death		1906	Month <i>9</i>	Day <i>18</i>	Age <i>20</i>	Years	Months <i>2</i>
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		Days <i>17</i>	
Occupation <i>Laborer</i>				Where Residing if not at place of death _____			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>John Givens</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Louisa Givens</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Robt Givens</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary tuberculosis</i>	How long	<i>two years</i>
Immediate	<i>Exhaustion</i>	How long	_____
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>R. Hammond</i>	
Address		_____	
Accident or Suicide?		_____	
<i>No</i>		<i>Yes</i>	



Name
in
Full

Daisy Gray

CERTIFICATE OF DEATH

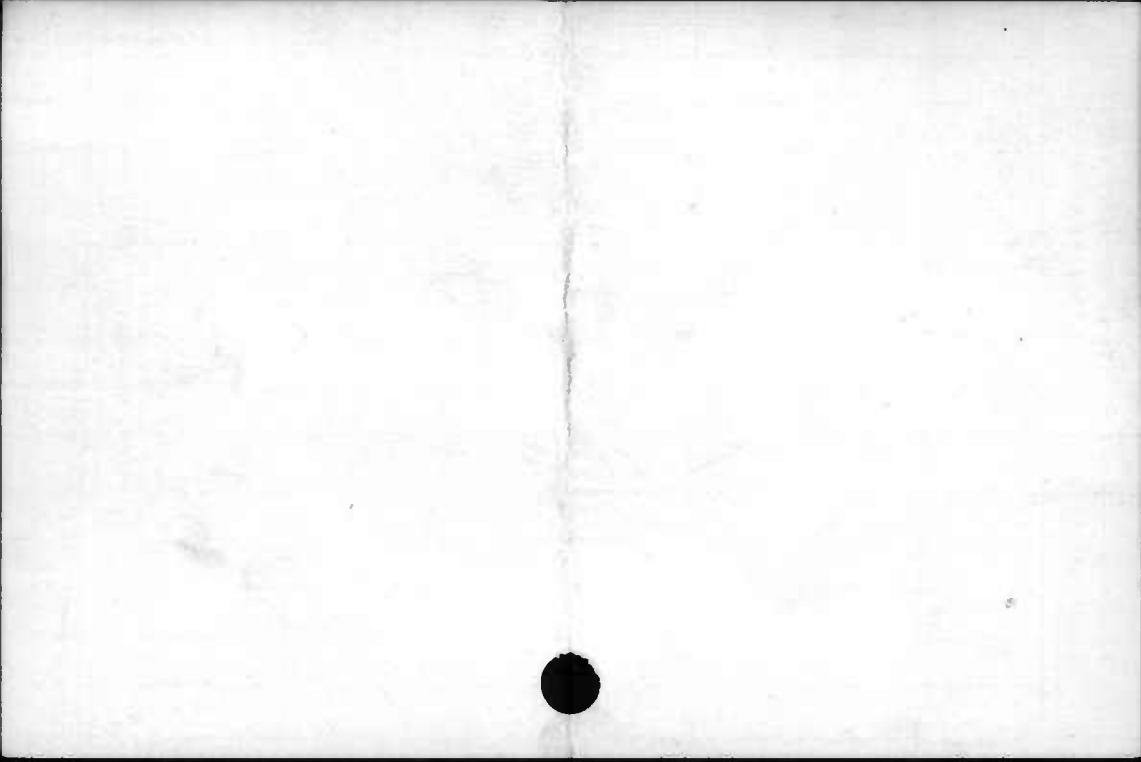
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Jessups</i> Town		<i>Howard</i> County		MARYLAND	
Date of death <i>1906</i> Month <i>Sept.</i> Day <i>13</i>	Age <i>7</i> Years		Months		Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>_____</i>			Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed <i>_____</i>			Name of Wife or Husband <i>_____</i>		
Father's Name <i>Henry Gray</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Elizabeth</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Elizabeth Gray</i>			How related to deceased <i>Mother</i>		

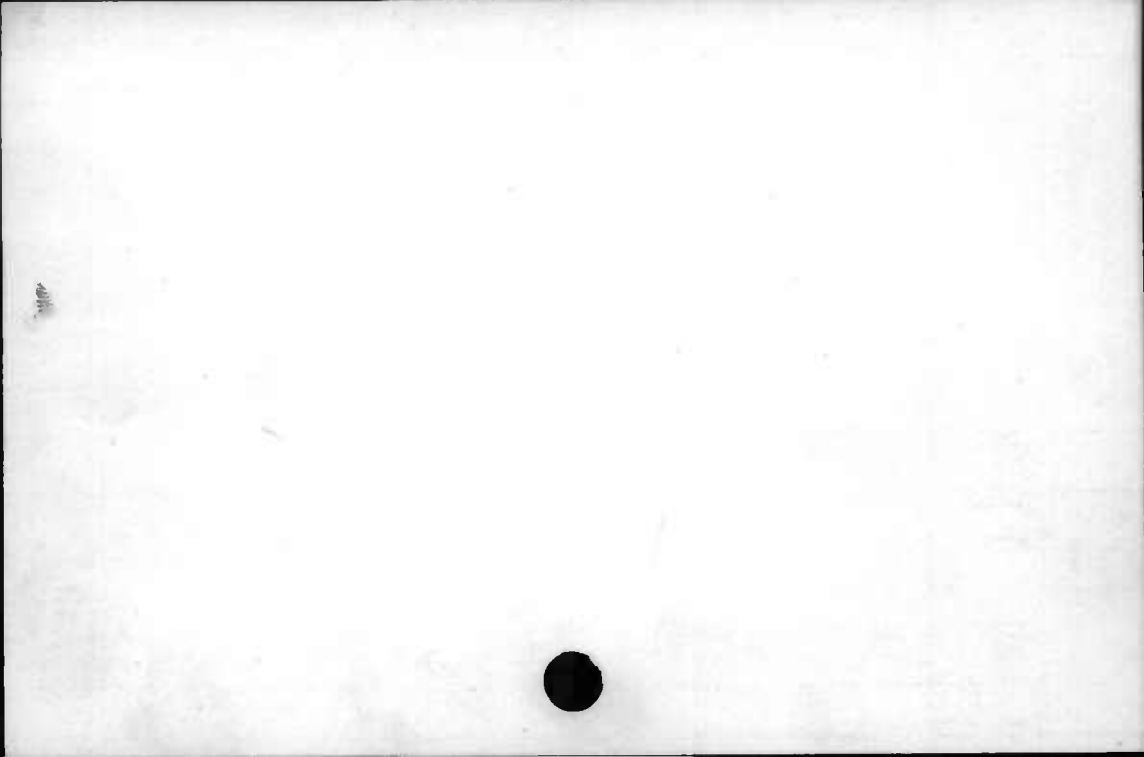
CAUSES OF DEATH

PHYSICIAN
OR CORONER

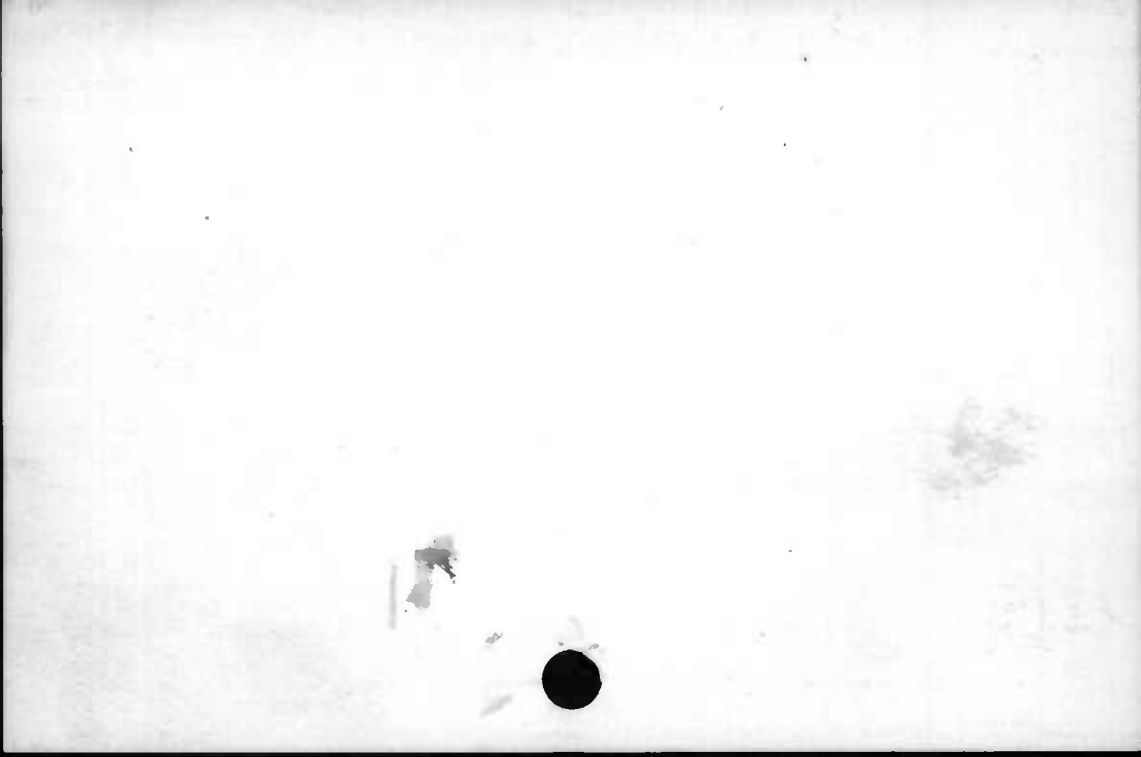
Primary <i>Typhoid fever</i>	How long <i>10 days</i>
Immediate <i>Hyperpyrexia, Exhaustion</i>	How long <i>3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. R. Eareckson</i>
	Address <i>Eek Ridge, Md.</i>
Accident or Suicide? <i>_____</i>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>oakland</i>		County <i>Howard</i>		MARYLAND
	Date of death <i>1906</i>	Month <i>9</i>	Day <i>23</i>	Age <i>56</i>	Months <i></i> Days <i></i>
	Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Germany</i>		
	Occupation <i>Labourer</i>	Where Residing if not at place of death <i>at home</i>			
	Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>not known</i>			
	Father's Name <i>not known</i>	Father's Birthplace <i>Germany</i>			
	Mother's Maiden Name <i>not known</i>	Mother's Birthplace <i></i>			
	Name of person giving information <i>Arthur Brosnan</i>	How related to deceased <i>Employer</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Inflammation of Brain</i>		How long <i>Several weeks</i>		
	Immediate <i>Exhaustion</i>		How long <i>Proper</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. J. [illegible]</i>		
			Address <i>Savage</i>		
	Accident or Suicide? <i>no</i>				



Name in Full		Thomas Hardie Jr				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Grimford		County Howard		MARYLAND
	Date of death	1906	Month 9	Day 30	Age	Years	Months 19
	Sex	male		Color or Race	white		Birth-place Grimford
	Occupation	Infant-			Where Residing if not at place of death		Grimford
	Married, Single or Widowed	single		Name of Wife or Husband			
	Father's Name	Thomas Hardie				Father's Birthplace	Scotland
	Mother's Maiden Name	Mary Chapman				Mother's Birthplace	Scotland
Name of person giving information	Thomas Hardie				How related to deceased	father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Influenza				How long	3 or 4 days
	Immediate	Heart failure				How long	prognosis
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	Z. L. Williams M.D.	
					Address	Larage	
	Accident or Suicide?		no				



Name

in
Full

CERTIFICATE OF DEATH

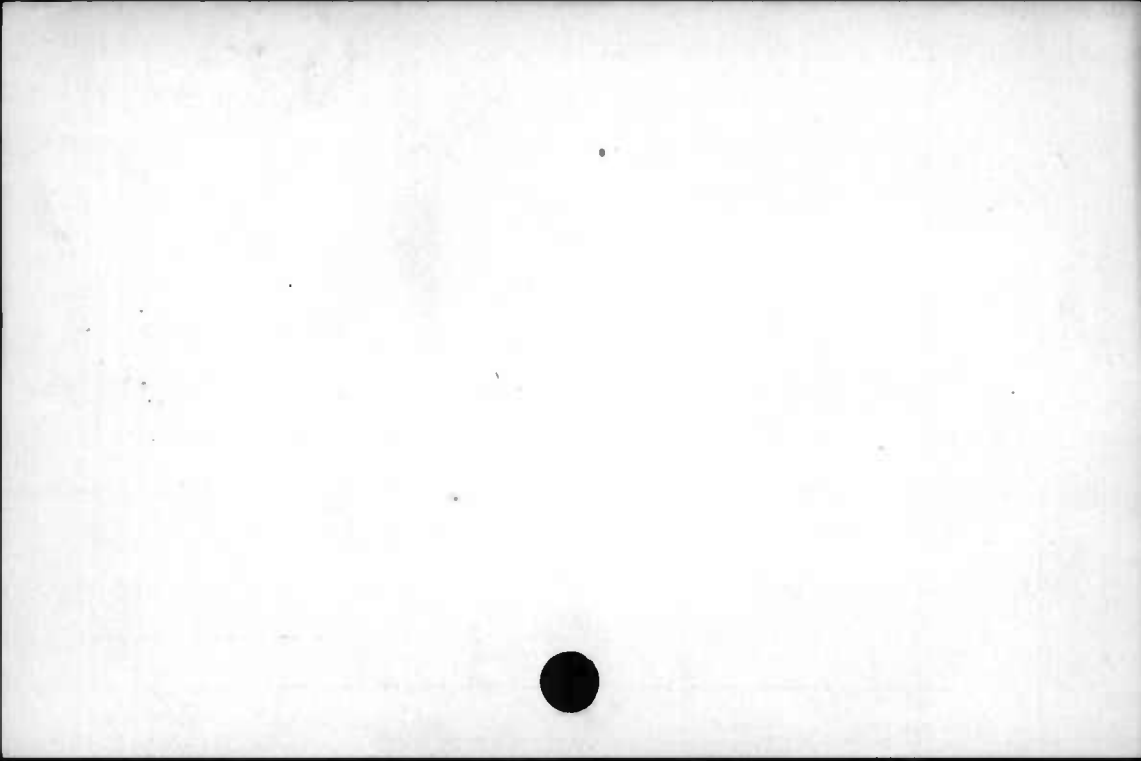
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>new Roxbury Mills</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death 1906	Month <i>Sept.</i>	Day <i>23rd</i>	Age <i>46</i>	Years	Months <i>1</i>	Days <i>9</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Howard Co.</i>				
Married, Single or Widowed <i>Married</i>	Occupation <i>Farmer</i>						
Name of Wife or Husband <i>May Kinsey</i>							
Father's Name <i>Nathan Hobbs</i>				Father's Birthplace <i>Howard Co</i>			
Mother's Maiden Name <i>Josephine Farrell</i>				Mother's Birthplace <i>Montgomery Co</i>			
Name of person giving information <i>Mrs May Hobbs</i>				How related to deceased <i>Wife</i>			

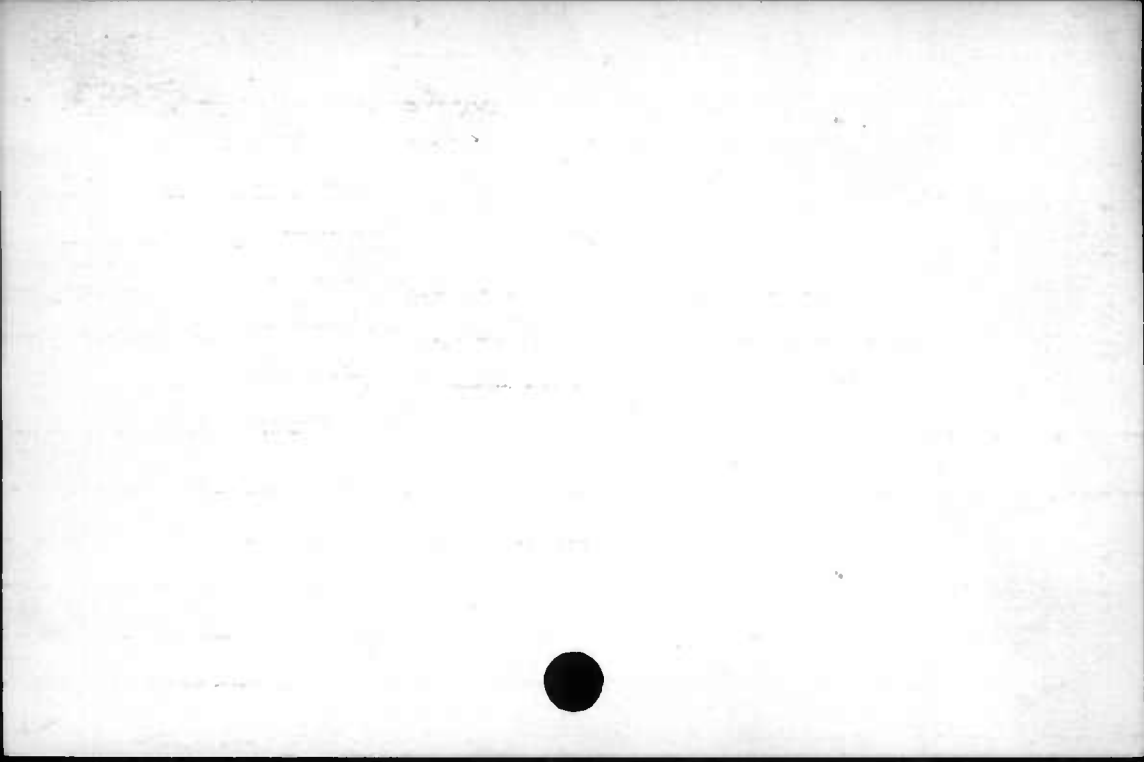
CAUSES OF DEATH.

PHYSICIAN
OR CORONER

Primary <i>Cirrhosis of the Liver</i>	How long <i>2 Months</i>
Immediate <i>Hypostatic Congestion of lungs</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given, above? <i>Yes.</i>	Signature of Physician <i>W. H. Smith M.D.</i>
	Address <i>Glenwood</i>
	<i>Howard Co.</i>
Accident or Suicide?	



Name in Full		David Howard				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town alpha		County Howard		
		Date of death		190 6	Month Sept	Day 6	Age 52	Months 2
		Sex		male		Color or Race colored		Birth-place Howard Co Md
		Occupation		Laborer Hod carrier		Where Residing if not at place of death residing with his brother Henry, near alpha md		
		Married, Single or Widowed		Name of Wife or Husband		Lilly Thomas		
		Father's Name		Henry Howard		Father's Birthplace Howard Co Md		
		Mother's Maiden Name		Mary Fuller		Mother's Birthplace Howard Co		
		Name of person giving information		Mary Howard		How related to deceased Mother		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(V.L.O.)</div>								
PHYSICIAN OR CORONER		Primary		Chronic Bright Disease & Chronic Bronchitis		How long over 1 year		
		Immediate		Anemia & uremic coma		How long 16 hrs		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician Ben' Y. Shipley M D		
		Address		alpha Howard Co Md				
Accident or Suicide?								



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at		Town <i>Simpsonville</i>		County <i>Howard</i>		MARYLAND	
Date of death		Month <i>Sept</i>	Day <i>4</i>	Age <i>1</i>	Years <i>0</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Simpsonville</i>			
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>				Name of Wife or Husband <i></i>			
Father's Name <i>Am. Johnson</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Ellen Sather</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>S. A. Nichols</i>				How related to deceased <i>Physician</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Birth</i>	How long	<i></i>
Immediate	<i>Hereditary</i>	How long	<i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>S. A. Nichols</i>	
		Address <i>Dayton Ind</i>	
Accident or Suicide?			



Name
in
Full

Charles R. Mc Gowan

CERTIFICATE OF DEATH

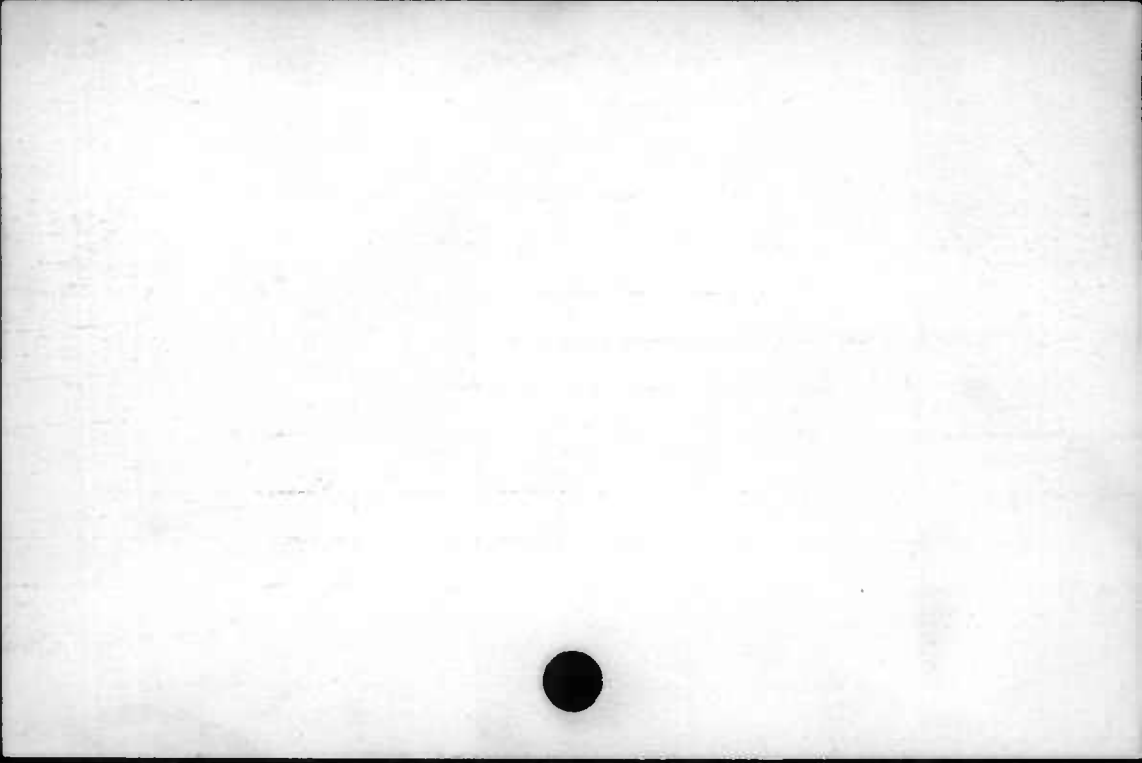
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Woodstock		^{County} Howard		MARYLAND	
Date of death	1906	Month	Sept	Day	10
Sex		Male		Age	Years 9 Months 4 Days 4
Color or Race		white		Birth-place	Woodstock Md
Occupation		Where Residing if not at place of death			
at home					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Morris Mc Gowan		Father's Birthplace	Trenton N. J.
Mother's Maiden Name		Irene Brown		Mother's Birthplace	Howard Co Md
Name of person giving information		Morris Mc Gowan		How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enterocolitis	How long	about 2 months
Immediate	Prostration from Parvities	How long	about 2 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Benj. F. Shipley	
Address		Alpha	
Accident or Suicide?		Howard Co Md	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John D. Mayne

Died at *New Daisy* Town*Howard* County

MARYLAND

Date of death *1906* Month *Sept*Day *6*Age *7* Years*3* Months*6* Days

Sex

*Male*Color or
Race*White*Birth-
place*Ft. Co. Md*

Occupation

*Chlor*Where Residing if not
at place of death*at Home*Married, Single
or Widowed*Chlor*Name of Wife or
Husband*—*Father's
Name*Emos L. Mayne*Father's
Birthplace*Ft. Co. Md*Mother's
Maiden Name*Susan E. Shankle*Mother's
Birthplace*Ft. Co. Md*Name of person giving
information*Emos L. Mayne*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Croupous Pneumonia

How long

2 weeks

Immediate

—

How long

*—*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*R. O. W. Warfield*

Address

Lisbon, Md.

Accident or Suicide?



Name
in
Full

Julius Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Heidelberg</u> ^{Town}		<u>Howard</u> ^{County}		MARYLAND	
Date of death	1906	Month	Sept.	Day	4
Age	Years		Months		Days
Sex	male		Color or Race	Black	
Occupation	<u>—</u>		Birth-place	Md.	
Where Residing if not at place of death			Same.		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Richard Nelson		
Mother's Maiden Name			Anne		
Name of person giving information			" "		
Father's Birthplace			Md.		
Mother's Birthplace			Md.		
How related to deceased			Mother.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Mononucleosis</u>	How long	<u>2 mos.</u>
Immediate	<u>Exhaustion</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<u>J. H. Brown</u>	
Address		<u>Ellicott City, Md.</u>	
Accident or Suicide?		<u>—</u>	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Eek Ridge</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Sept.</i>	Day	<i>23</i>	Age	<i>39</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place			
Occupation	<i>clerk</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>			Name of Wife or husband <i>Florence K. Patterson</i>			
Father's Name	<i>Wm Craig Patterson</i>			Father's Birthplace <i>Md.</i>			
Mother's Maiden Name	<i>Sarah Rebecca Barron</i>			Mother's Birthplace <i>Md.</i>			
Name of person giving information	<i>Wm C. Patterson</i>			How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Aortic Insufficiency & Arterio Sclerosis</i>	How long	<i>19</i>	<i>Several months</i>
Immediate	<i>Acute dilatation</i>	How long	<i>Immediate.</i>	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Wm R. Eareckson</i>	
		Address	<i>Eek Ridge, Md.</i>	
Accident or Suicide? <i>No</i>				



Name
in
Full

Baroline Amanda Pindle

CERTIFICATE OF DEATH

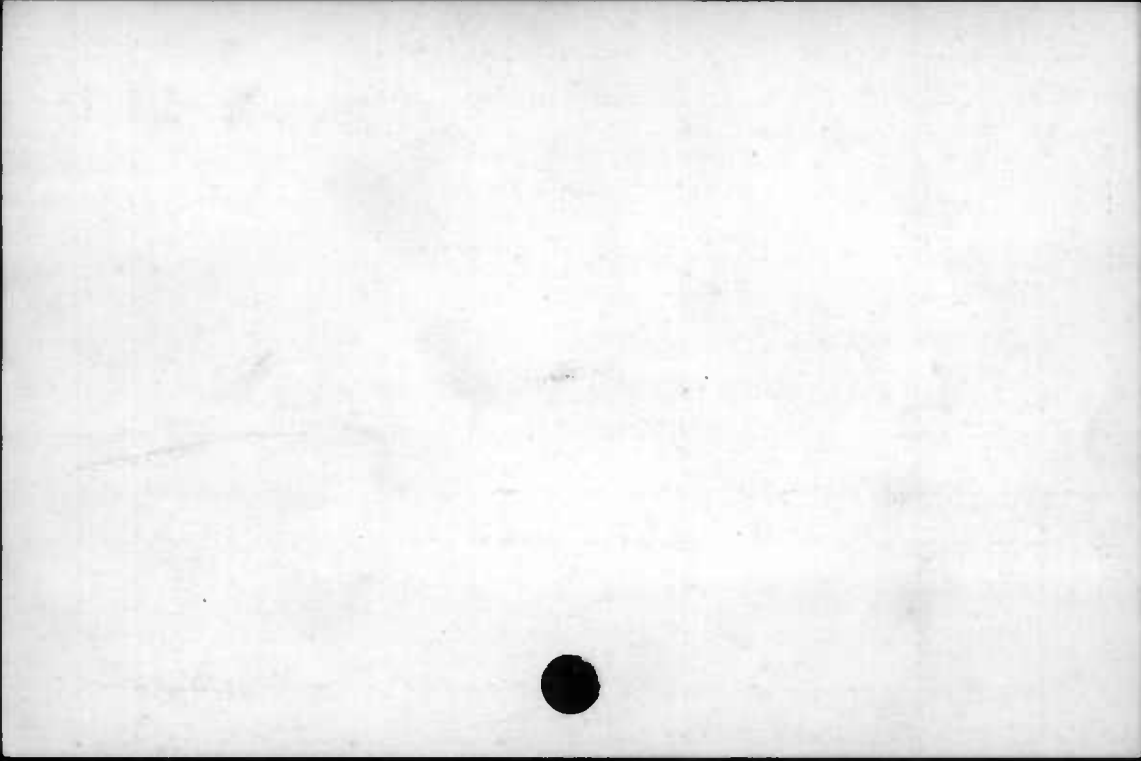
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Ellchester</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death	1906	Month	Sept	Day	1 st	Age	78
Sex	female	Color or Race	white	Months	5	Years	
Occupation	housewife	Birthplace	Maryland	Where Residing if not at place of death <i>resided at place of death</i>			
Married, Single or Widowed	widowed	Name of Wife or Husband					
Father's Name	Augustus J. Pindle			Father's Birthplace	Annapolis		
Mother's Maiden Name	Baroline Amanda Smith			Mother's Birthplace	Howard Co Md		
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>debility of age</i>	How long	<i>106</i>
Immediate	<i>diarrhoea</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Arthur Williams</i>
		Address	<i>Elk Ridge Ind</i>
Accident or Suicide?	<i>no</i>		



Name
in
Full

Margaret Stinson

CERTIFICATE OF DEATH

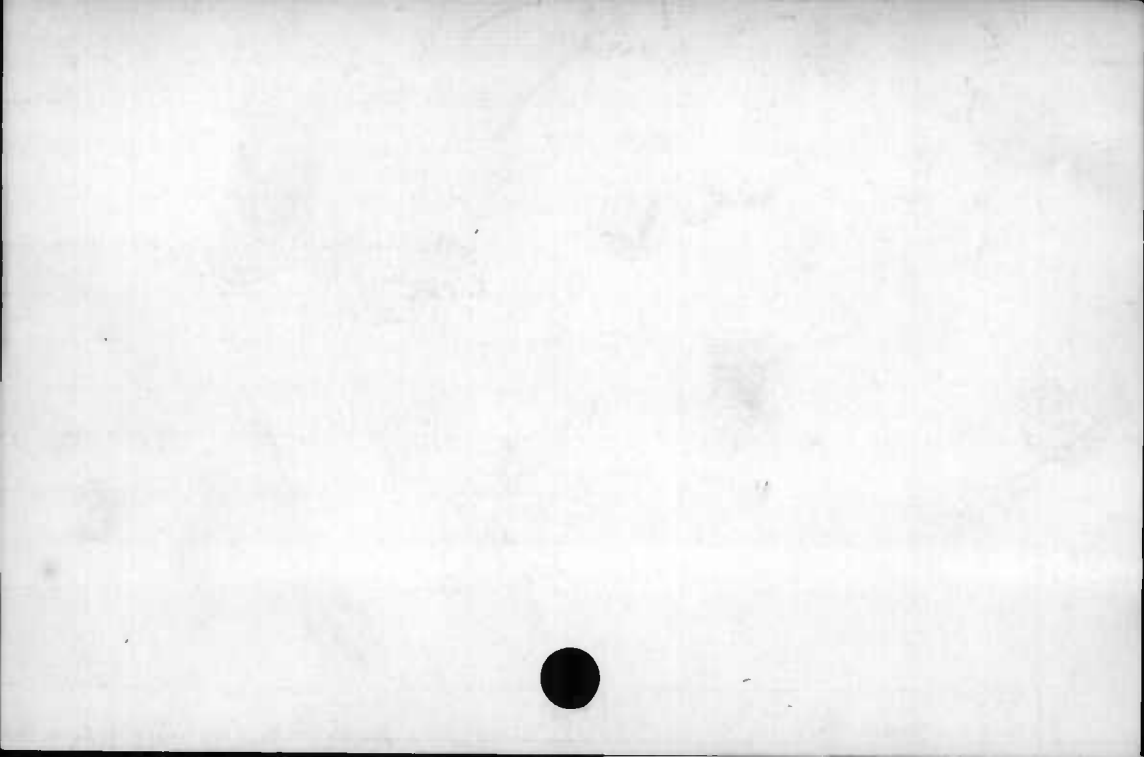
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1906		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

Reuben Eugene Waters.

CERTIFICATE OF DEATH

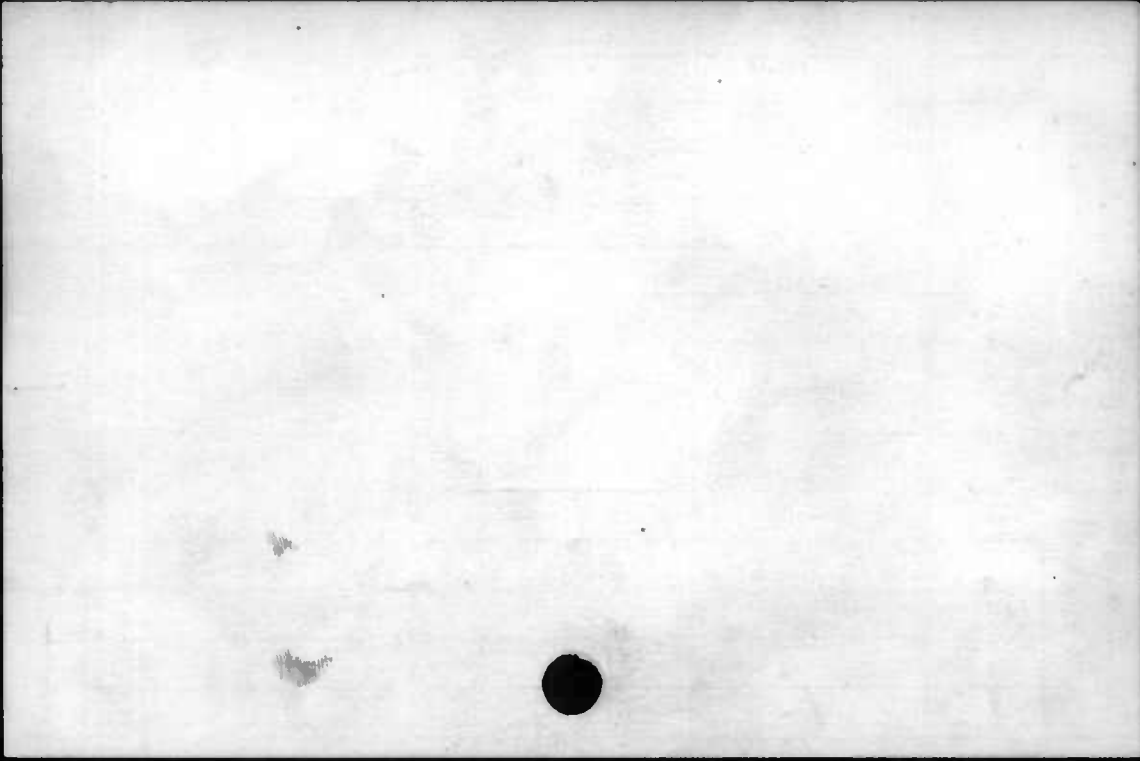
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Town</i> <i>Fulton</i>		<i>County</i> <i>Howard</i>		MARYLAND	
Date of death	1906	Month	Sep.	Day	16
Age		Years		Months	3
Sex		Color or Race		Birth-place	Days
Boy		white		Fulton	
Occupation		Where Residing if not at place of death			
Child		Fulton			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
George Henry Waters		Dayton			
Mother's Maiden Name		Mother's Birthplace			
Gertrude Lewis		Mont. Co.			
Name of person giving information		How related to deceased			
George Henry Waters		Father			

CAUSES OF DEATH

Primary	<i>Euler - colic</i>	How long	<i>1 mo.</i>
Immediate	<i>As above</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. H. [Signature]</i>	
		Address	
		<i>Laurel Md.</i>	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Still Born

Whitely

CERTIFICATE OF DEATH

Died at *Woodstock*

Town

Howard

County

MARYLAND

Date of death *1906*

Month

Sept

Day

6

Age

Years

Months

Days

Sex *male*Color or
Race*white*Birth-
place*Saint*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Geo Whittle*Father's
Birthplace*Ind*Mother's
Maiden Name*Rosetta Fulmer*Mother's
Birthplace*Ind*Name of person giving
In formation*Mrs Whittle*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Detached Placenta

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*R. J. Shipley, M.D.
Framers, Ind*

Accident or Suicide?

